



REQUEST FOR PHYSICAL ADDRESS



APPLICANT

Name _____

Current **Mailing** Address _____

Phone _____ Fax _____

Email _____

OWNER OF RECORD *(if not the applicant)*

Name _____

Mailing Address _____

PROPERTY FOR WHICH ADDRESS IS REQUESTED

Assessor's Parcel # _____

Subdivision _____

Unit # _____ Lot # _____

Section _____ Township _____ Range _____

Additional Notes on Location *(if necessary)* _____

CERTIFICATION & SIGNATURE

After physical addresses are assigned by County Staff, the information in this application is forwarded to the United States Postal Service and the appropriate emergency service providers.

I hereby certify that the information in this application is correct and agree to abide by the regulations of this jurisdiction.



Signature of Applicant

_____ Date _____

OFFICE USE ONLY

Received By _____ Date _____

Old Address *(if applicable)* _____

ASSIGNED NEW PHYSICAL ADDRESS

AGENCY NOTIFICATION

Date Notified

U.S. Postal Service – Flagstaff West
Jay Sulenski

U.S. Postal Service – Flagstaff East
Gina Young

U.S. Postal Service – Williams
Vicki Ulrich

Fire District
Summit FD; Highlands FD; Parks/Bellemont FD

Other _____

Police / Sheriff / 911
Sharon Schauer, Coconino County Sheriff's Office

County Assessor

County GIS

QWEST – Flagstaff Office

QWEST – Regional Address Management Center
Pam Cronkhite